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ABSTRACT

In this study, data gathered from the files of students contacting Louisiana State University's Counseling and Mental Health Service during a one year period clearly revealed significant differences between the frequent versus infrequent visitor: (1) student age; (2) previous exposure to psychotherapy; (3) local residence while in college; (4) mother's occupation; and (5) number of siblings. Students who had received some form of psychotherapy previously, who were age 21 or older, were living away from their parents, and whose mothers were housewives, were more likely to be frequent visitors to the service. Significant differences were also found for these two groups regarding the psychiatric evaluations and treatment procedures. Implications of these findings for the most effective intervention on behalf of frequent and infrequent visitors are discussed. (TL)

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Biographical and Clinical Variables Related To Frequent vs. Infrequent Visits by Students To a University Counseling and Mental Health Service

Allen E. Hopper, Ph. D.

Demands for increased availability of mental health services have grown on university campuses in much the same way that characterized their growth among the American public generally. In the latter case the "community mental health" movement became a rallying point for those who hoped to find optimally effective ways to respond to rapidly accelerating public demands. Recently, Bloom (2,3) has conducted surveys of campus mental health facilities to determine to what degree campus communities have responded to the community mental health approaches in meeting the increasing demands placed on them.

One very prominent dimension of both the students' as well as the general public's demands for mental health services is that of professional time allocated to them. The most commonly reported index of time demands for campus mental health services has been "average number of contacts" by students. In one survey by Coons (4) this average ranged from 9.50 on one campus to as little as 1.77 on another, and these differences were largely attributed to available man-hours of professional staff. Other studies, such as the present one, however, have directed their attention to the distribution of relatively frequent vs. infrequent visitors among those students seeking help from campus mental health services. It was noted by Kuehn and Hopper (5), for instance, that three quarters of the students coming to the Counseling and Mental Health Service at Louisiana State University were seen for no more than four visits and often for less. Comparable findings were reported at the University of Florida Mental Health Clinic (1), and by the mental health service at the University of Illinois (6) where 74% of its clients made five visits or less.

The study I am reporting to you today was conducted in an attempt to determine what kinds of routinely gathered biographical and clinical information might aid in distinguishing between frequent and infrequent visitors to a campus mental health service. In this study, "frequent" meant " five visits or more ", and "infrequent" meant "four visits or less," within one annual period. The criterion of "four vs. five" visits stemmed from the University's Health Service policy which entitled each student to as many as four visits per year, after which special fees were charged.

Findings from the Present Study

Data for the present study were gathered from the files of students contacting the Louisiana State University Counseling and Mental Health Service from July, 1968, through June, 1969. The variables from these data which were found to discriminate most significantly between the frequent vs. infrequent visitors were as follows: the student's age, his exposure to previous psychotherapeutic treatment, his local residence while attending the university, his mother's occupation, and how many siblings he had. Students admitted to the Mental Health Service who had no previous

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psychotherapy, were age 20 or younger, were living at home with their parents while attending the university, who had only one sibling, and whose mother worked at least part-time away from the home, were in each case more likely to be among those students who made infrequent visits to the Service. On the other hand, students who had received some form of psychotherapy previously, who were age 21 or older, were living away from their parents, and whose mothers were "housewives", were in each case more likely to be among the frequent visitors.

Psychiatric evaluations and treatment procedures carried out by the Service also discriminated between frequent and infrequent visitors. The infrequent visitors were more likely to be treated with explicit consultation or advice, or to come to the Service primarily with a request for specific information. They were more likely to be assigned a psychiatric diagnosis of Transient Situational Disorder or Without Psychiatric Disorders, were less likely to be hospitalized at the campus student hospital for psychiatric reasons, and more likely to miss a scheduled appointment and then not return. On the other hand, students making frequent visits were more likely to be seen for individual psychotherapy in conjunction with hospitalization at the campus student hospital; they were more likely to be seen for group psychotherapy lasting up to two semesters, and they were more likely to terminate their contacts at the Service by mutual agreement with their therapists. They were also more likely to be assigned a psychiatric diagnosis of Neurosis or Personality Disorder, chronic. Contrary to expectations neither a psychotic diagnosis nor a history of poor physical health enhanced the likelihood of frequent visits to the Service.

Implications of the Present Study

The present study was focused on the issue of time spent by students contacting a campus mental health service, and it points to some crucial differences in the nature of demands made by frequent vs. infrequent visitors there. In general, the infrequent visitor presents a far less typically clinical picture. His biographical characteristics are more nearly in line with those of most Louisiana State University students. His mental health needs appear to be of the kind which could be met by any sensitive, alert, and relatively mature person within his everyday contacts at the University; for instance, a dormitory counselor, an upper-classman "big brother" or "big sister", a freshman counselor, or faculty advisor.

None of these remarks, however, are intended to suggest that mental health personnel should lessen their involvement with the infrequent visitor. On the contrary, a rather broad range of involvement would seem to be indicated; including such activities as, educational programs to improve student's understanding of their own development processes, and the stresses they are likely to encounter in their college experiences. Other areas where mental health personnel could offer their skills would be training for university personnel in ways of dealing with a student's emotional crises, consultation on special behaviors problems, and review and planning of policies and programs affecting student conduct.

Turning now to frequent visitors to the Service, there is evidence of a more typically clinical, traditional mental health treatment need. To say that these students should be treated exclusively by the specially trained mental health personnel, however, would be drawing a needlessly narrow conclusion. In some cases, special leadership or direction from a mental health professional may be called for in dealing with prolonged and severe disorders. Nevertheless, this need not be regarded as a cue for others on campus to step aside altogether. Rather, what may be called for is consultation and coordination of efforts among faculty members, administrators, dormitory personnel, family members, close friends, and other concerned individuals or agencies outside the university.

Implications for manpower requirements suggested in the present study go well beyond simply supplying more formally trained therapists. Greater numbers of such highly trained specialists are not likely, by themselves, to save the mental health of the Nation or of a univeristy. Rather, the need would seem to be for a greater diffusion of involvements and a more widely shared sense of responsibility toward the mental health demands within the campus community. One particular implication of this broader kind of involvement is that students be recognized for both their needs to receive mental health services as well as their needs to serve the mental and emotional well-being of those around them. A student's growth through the critical stages of adolescence and his rather rapid emergence into adulthood are rather keenly tied to this dual need. Nothing less is at stake than his personal integrity and effective involvement with his community.

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